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APPLICANTS

Valerie Combaret, Lyon, FRANCE;
 Alexander Krause, Lyon, FRANCE;
 Alain Puisieux, Ruy Montceau, FRANCE;
 Bruno Lacroix, Saint-Genis Laval, FRANCE;

**** CONTINUING DATA *******

This application is a 371 of PCT/FR04/50475 10/01/2004

**** FOREIGN APPLICATIONS *******

FRANCE 0311483 10/01/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FRANCE	5	9	1
Verified and Acknowledged	/KATHERINE D SALMON/ Examiner's Signature	Initials				

ADDRESS

OLIFF & BERRIDGE, PLC
 P.O. BOX 320850
 ALEXANDRIA, VA 22320-4850
 UNITED STATES

TITLE

Method for neuroblastoma diagnosis/prognosis

FILING FEE RECEIVED 1150	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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